



WATCH BWCH

Bureau of Women's and Children's Health

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APRIL IS SEXUAL ASSAULT AWARENESS MONTH

"Going upstream" is a metaphor for prevention...

A man who was fishing saw a child in the river and jumped in to save her. Soon after, another child came down the river, then another, and another. Soon the people of the village were devoting their time to pulling drowning children from the river. Then one woman walked away. "Where are you going? We need your help!" the villagers asked. Walking upstream, she replied, "I am going to find out why these children are falling in the river and stop it!"

What is Sexual Violence?

Sexual violence is any sexual act forced against someone's will. These acts can be physical, verbal, or psychological. There are four types of sexual violence; all types involve victims who do not consent, or who are unable to consent or refuse to allow the act.

Do You Know?

Sexual violence is a significant public health problem in the United States.

Estimates from the National Violence Against Women Survey (NVAWS), cosponsored by the National Institute of Justice and Centers for Disease Control and Prevention (CDC), suggest that 302,091 women and 92,748 men are raped each year in the United States. The survey also estimates that 1 in 6 women and 1 in 33 men have been victims of a completed or attempted rape at some point in their lifetime. More than half of all lifetime rapes happen before age 18; almost one-third of rapes occur before age 12. In approximately 8 out of 10 cases, the victim knew the perpetrator.

Is Stranger Sexual Violence/Rape more prevalent?

Someone known to the victim such as a spouse, family member, co-worker, friend or acquaintance most often commits sexual violence. When sexual violence is committed by a spouse or intimate partner, it is also referred to as intimate partner violence.

Intimate partner violence (IPV) is a serious, preventable public health

problem affecting more than 32 million Americans. The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

Rape in Arizona

In 2003, approximately one in five women in Arizona had been raped.

In 2006, a total of 1,909 rapes were reported to law enforcement agencies in Arizona.

Arrests were made in 218 cases. Of those persons arrested for rape in 2006, 191 were adult males, 27 were male juveniles.



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NATIONAL WOMEN'S HEALTH WEEK

"It's your time...Get Inspired, Get Healthy!" This is the theme for the 2008 National Women's Health Week May 11-17, 2008. Starting Mother's Day, the state of Arizona will

promote events across the state and encourage women to make their health a top priority and take simple steps for a longer, healthier, and happier life.

The Governor's Office of Children, Youth, and Families will lead this year's Women's Health Week efforts in

partnership with The Arizona Department of Health Services (ADHS), women's health website *EmpowHer.com*, and other health and community organizations across the state.

If your organization is holding a screening, health fair or educational event during Women's Health Week, visit <http://gocyf.az.gov/FCH> to post your event on the Arizona Women's Health week event listing. For more information contact Gina Flores, gfflores@az.gov or 602.542.2391.



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SEXUAL ASSAULT AWARENESS MONTH CONT.**Child sexual abuse in Arizona**

From April 1, 2005-March 31, 2006, Child Protective Services received 2,145 reports of sexual abuse, about 6% of the total number of reports made.

Dating Violence in Arizona

In 2007, 10% of Arizona high school students replied "yes" to the question, "Have you ever been physically forced to have sexual intercourse when you did not want to?"

In 2003, 8.0% of students surveyed responded yes to the same question.

How does sexual violence affect health?

SV can impact health in many ways. Some ways are serious and can lead to long-term health problems. These include chronic pain, headaches, stomach problems, and sexually transmitted diseases. SV can have an emotional impact as well. Victims often are fearful and anxious. They may replay the attack repeatedly in their minds. They may have problems with trust and be wary of becoming involved with others.

The anger and stress that victims feel may lead to eating disorders and depression. Some even think about or attempt suicide. SV is also linked to negative health behaviors. For example, victims are more likely to smoke, abuse alcohol, use drugs, and engage in risky sexual activity.

Community Prevention - What can you do?

We can all have a role in primary prevention for sexual violence. The National Sexual Violence Resource Centers has an array of information on prevention activities. Listed below are a few ideas for activities in your community.

1. Local media designates a week to focus on positive images and stories of girls and women, relationships, and healthy sexuality. During this week, community leaders honor local heroes who are positive role models.
2. Educators teach non-violent conflict-resolution skills and promote anti-bullying values that demonstrate respect for everyone.
3. Coaches and fans emphasize skill-development, teamwork, character and sportsmanship over competition. Players are motivated with praise. Sponsor gender violence prevention training for youth athletic teams.
4. Community centers provide forums for inter-generational discussions and activities about pop culture and technology. Activities can include helping older people to learn more about newer technologies, and helping younger people learn to notice and critically evaluate underlying themes and messages in games, movies, music and ads.
5. Health Care Providers talk with patients about normal human development and healthy, consensual sexuality.
6. Faith and spiritual community members sponsor activities that demonstrate appreciation for diversity, such as hosting educational activities around various holidays, and inviting people to share favorite recipes and talk about their family traditions that build respect.
7. Young people value the uniqueness of each person; find positive friends; reach out to at-risk peers; develop leadership

RELEASE OF THE THIRD EDITION OF THE BRIGHT FUTURES GUIDELINES

The third edition of Bright Futures: Guidelines for Health Supervision of infants, Children, and Adolescents was released in late October 2007. It is a set of comprehensive health supervision guidelines for children from birth through age 21 years and it is the core of the Bright Futures initiative. In addition to the new release there will also be a new pocket guide that will include topics such as; building effective partnerships, fostering family-centered communication, promoting health and preventing illness, managing time for health promotion, educating families through teachable moments, advocating for children, families, and communities.

This helpful and resourceful information can be ordered or acquired from the information below:

Bright Futures

American Academy of Pediatrics
141 Northwest Point Blvd

Elk Grove Village, IL 6007-1098

E-mail: brightfutures@aap.org

Phone: 847/434-4223

Fax: 847/228-7320

Web site: www.brightfutures.aap.org

skills; and speak out about ways to show respect.

8. Artists and businesses work together to create/display murals, posters, kites, or variations on the "cow parade" phenomenon illustrating healthy relationships.

9. Employers promote violence-free workplaces; establish and enforce sexual harassment and anti-bullying policies; contribute resources to programs that are working to make a difference.

10. "Wear a Pin; Share a Pin." Groups encourage members to wear a teal ribbon awareness pin. Make them available to give away with information on what to say when someone asks about the teal pin.

1 in 10 people in the United States have been sexually assaulted, 10 in 10 people can do something to help. It takes everyone to end sexual violence.

Source: <http://www.ncjrs.gov/pdffiles/172837.pdf>

For more information please contact:

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www.azrapeprevention.org

ADHS DOMESTIC VIOLENCE SERVICES RURAL SAFE HOME NETWORK PROGRAM

We have grown!

Last spring the ADHS Rural Safe Home Network Program (RSHN) released a competitive grant for domestic violence services for rural Arizona. All five shelter programs which have been funded the past five years were successful with their applications and will be funded again. Those successful programs include Ama Doo Alchini Bighan, Inc (Chinle), Community Alliance Against Family Abuse (Apache Junction), Gila County Safe Home (Globe), Interagency Council of Lake Havasu, and Mt. Graham Safe House (Safford).

A domestic violence shelter program new to the Rural Safe Home Network is the Colorado River Regional Crisis Shelter in Parker, Arizona. Nearly ten years after its inception, the Colorado River Regional Crisis Shelter (CRRCS) remains the only domestic violence shelter and full-service domestic violence support agency in La Paz County. CRRCS primarily serves domestic violence victims and their children from La Paz County, but also serves clients from Mohave County,

other neighboring counties of rural Western Arizona and members of the Colorado River Indian Tribes (CRIT) reservation that surrounds the community of Parker. Like so many rural shelters, CRRCS started out small and has continued to expand and enhance services in direct response to local need. CRRCS currently has a 23- bed emergency shelter that provides housing to both women and children. The program can also accommodate adult male victims as needed. CRRCS continues to respond to the emerging needs of the Parker area by working with collaborators to launch new programs and services. One of their successes has been the ongoing effort to coordinate and enhance the response of local law enforcement agencies to domestic violence, thus enhancing the safety of persons experiencing domestic violence.

Another Rural Safe Home Network Program, The Interagency of Lake Havasu City (IAC) has provided services to victims of domestic violence for 21 years and has a comprehensive system of services that includes

a 24-hour telephone crisis line, crisis intervention, safety-planning, case management, individual and group counseling for victims, offenders and children by four certified counselors, legal and court advocacy, and victim transportation assistance. Until recently, IAC did not have within its services an emergency crisis shelter for persons experiencing domestic violence, but instead utilized local hotels and motels for short stays. Women no longer in immediate danger but desiring to continue working with the agency would be transferred to longer term transitional housing, space permitting. This past September, the agency requested and was approved RSHN funding to support opening a new shelter in Lake Havasu City. The 2050 sq. ft. secure residence has 10 beds for women and children who are seeking safety from domestic violence and will serve Lake Havasu City and the surrounding area of Mohave County.

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NATIONAL DAY TO PREVENT TEEN PREGNANCY

On the National Day (May 7, 2008), teens nationwide will be asked to visit the new teen website - StayTeen.org - to take a short, scenario-based "quiz" that asks young people what they would do in a number of risky sexual situations. The purpose of the National Day is to focus the attention of teens on the importance of avoiding too-early pregnancy and parenthood.

Organized by the National Campaign to Prevent Teen and Unplanned Pregnancy, the National Day has widespread support from over 238 national organizations

and media outlets who serve as official National Day partners. For a full list of last year's partners, please [review our 2007 National Day Partner List](#).

The message of the National Day is straightforward: Sex has consequences. The online quiz (available in English and Spanish) delivers this message directly to teens and challenges them to think carefully about what they might do "in the moment."

Arizona has come along way in reducing the teen birth rates but we still have a long way to go. In 2006,

14,676 females age 15 to 19 became pregnant in Arizona, 12,746 of these pregnancies resulted in live births (86.8%), 1,850 pregnancies were aborted (12.6%) and 80 pregnancies resulted in fetal deaths (.6%). The number of pregnancies that resulted in live births in Arizona (86.8%) is notably higher than the national average (56.1%).

The Bureau of Woman's and Children's Health encourages you to have the young people you work with or are at home with you go

to the site on May 7, 2008 and take the quiz.

For more information on the 2008 National Day:

http://www.thenationalcampaign.org/national/pdf/2008/2008_ND_brochure.pdf

And

<http://www.teenpregnancy.org/informed/notificationnet.asp>



THE ARIZONA CHILD FATALITY REVIEW PROGRAM

Overview

The Arizona Child Fatality Review Program was created in 1993 (A.R.S. § 36-342, 36-350-4) and data collection began in 1994. A statewide team was mandated by statute to provide oversight of the program, develop the data collection system, and produce an annual report summarizing the findings.

During 2006, there were 1,161 fatalities among children younger than 18 years in Arizona. Child Fatality Review Teams located throughout the State reviewed every one of these deaths, the largest percentage of which was among children less than 28 days old. This age group accounted for 37 percent (n=440) of all childhood deaths.

Deaths were over-represented among African American children, who comprised five percent of the population in Arizona, but nine percent of the fatalities. American Indian children were also over-represented among child fatalities, comprising seven percent of the population and ten percent of deaths.

Natural deaths accounted for 64 percent of all child deaths during 2006 (n=743); 23 percent of child deaths were accidents (n=270); five percent were homicides (n=63); four percent were suicides (n=48); and three percent were of undetermined manner (n=37).

Infant deaths were primarily the result of natural causes while accidental deaths were more common for older children and adolescents. Homicide occurred in all age groups except for children ages five through nine years. Suicide primarily occurred in the 15 through 17 year age group, but the youngest case of suicide was reported to be nine years of age.

There was an increase in the percentages of deaths due to accidents and suicides and a decline in natural deaths in 2006. Motor vehicle crash deaths increased by two percent in 2006 compared to 2005. There were also slight increases in the percentages of deaths due to firearms and suffocation in 2006, and small declines in the percentages of child deaths due to SIDS, poisoning, fire/burns, and exposure.

Preventable Deaths

Child Fatality Review Teams consider a child's death preventable if something could have been done (by an individual such as the caretaker or supervisor, or by the community as a whole) that would have prevented the death. Child Fatality Review Teams determined that 454 of child deaths in 2006 were preventable (39 percent). This was an increase from 2005, when 34 percent of deaths were determined to have been preventable (n=388).

Among the 454 deaths determined to have been preventable, drugs and/or alcohol was identified as a contributing factor for 130 fatalities (29 percent). Lack of supervision was a contributing factor for 97 preventable child deaths

(21 percent), and lack of vehicle restraints was a contributing factor for 92 preventable deaths (20 percent).

Substance use contributed to 46 percent of homicides (n=29), 35 percent of suicides (n=17), and 22 percent of accidents (n=59). Motor vehicle crashes accounted for 27 percent of child deaths involving drugs and/or alcohol (n=38), and firearms accounted for 18 percent (n=25). Alcohol contributed to five percent of all child deaths during 2006 (n=64), and marijuana was involved in four percent of all child deaths (n=43). Methamphetamine was a factor in four percent of child deaths (n=43).

Recommendations

Some of the past recommendations of the Child Fatality Review Program have now become reality. For example, because of concerns regarding deaths associated with unsafe sleep environments, Child Protective Services developed a safe sleep brochure to disperse to families. Statewide concern for teen motor vehicle crashes resulted in graduated driving license requirements, which will become effective in 2008. The program has also recommended increased supervision of children around water and pool fencing. In 2006, Maricopa County drowning deaths among children younger than five years of age dropped to the lowest rate since the state started tracking the problem, and child deaths in Maricopa County swimming pools also dropped to the lowest rate on record.

The following is a summary of the recommendations from the Arizona Child Fatality Review Program:

- Increase public awareness of the dangers associated with underage consumption of alcohol and illegal drug use.
- Develop comprehensive educational campaigns designed to prevent pedestrian motor vehicle deaths.
- Encourage the use of motor vehicle restraints by enacting legislation that supports primary enforcement for seat belt use and child booster seats.
- Improve access to mental health services for children and educate parents and teachers on the warning signs of suicide.
- Encourage hospitals, medical examiners, law enforcement agencies, and others to report all child deaths for which there are suspicions of maltreatment to Child Protective Services.
- Educate parents and other caregivers on safe sleep environments for infants.
- Increase funding for substance abuse treatment programs for both adults and children.

NEVER SHAKE A BABY ARIZONA (NSBAZ)

Never Shake A Baby Arizona (NSBAZ), a program of Prevent Child Abuse Arizona, is a program offered by nurses to parents of a newborn prior to hospital discharge.

Parents are told that crying is normal child behavior. There are many techniques that help to soothe a crying infant, including being sure baby is fed, burped, dry and feels secure. Many times holding your baby helps to comfort her. But sometimes babies just need to cry, and that's OK. It's OK to put your baby in a safe place and take a break. Check on her every 10 minutes or so, but do something to relax yourself.

Parents learn how to recognize and handle their own frustration with a crying baby so that they don't end up shaking the baby. Parents are encouraged to talk to all their baby's caregivers about crying and the life-threatening dangers of shaking an infant or young child. Everybody needs to know that it is never OK to shake a baby.

These messages need to be reinforced by all who come in contact with families with young children, like NICP nurses, Healthy Families home visitors, Health Start lay health workers, Hotline staff.

NSBAZ is based on a researched program begun by a pediatric neurosurgeon in New York State. After 5 years of implementation in New York, a 47% reduction in cases of Shaken Baby Syndrome resulted. In Arizona, 11 hospitals are now using NSBAZ materials and training; more than 12,000 parents have been educated. Long term, we hope to see a significant reduction in cases of this form of child abuse.

ADHS/BWCH funded the printing of parent education brochures.

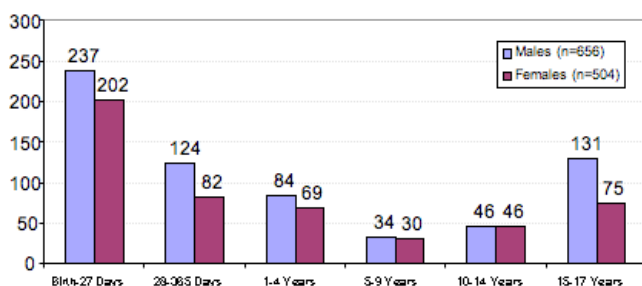
THE ARIZONA CHILD FATALITY REVIEW PROGRAM CONT...

Key Findings

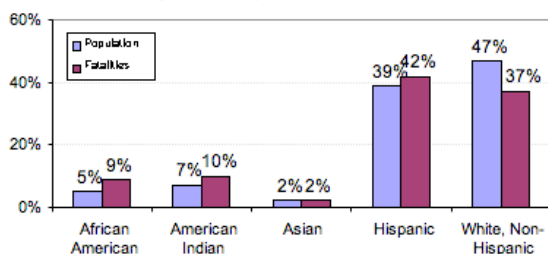
The following is a summary of key findings from the Arizona's 14th Annual Child Fatality Review Report:

- 39 percent of children's deaths could have been prevented.
- The percentages of deaths among African American, American Indian, and Hispanic children were higher than their proportions of the Arizona population.
- Drugs and/or alcohol contributed to 12 percent of all child deaths in Arizona during 2006 (n=140).
- Substance use was a contributing factor in 46 percent of homicides, 35 percent of suicides, and 22 percent of accidental deaths.
- 164 children died in motor vehicle crashes. Of these deaths, 96 percent could have been prevented (n=157). The most common contributing factors were lack of vehicle restraints and excessive driving speeds.
- 48 children committed suicide in Arizona during 2006. Twelve of these children were younger than 15 years old (25 percent).
- 60 children died as a result of firearm-related injuries, compared to 43 firearm-related deaths in 2005.
- 60 children died as the result of maltreatment. Seventy-seven percent of maltreatment deaths were of children younger than six years old (n=46).

Deaths Among Children Birth Through 17 years by group and gender, Arizona 26 (n=1, 161)



Deaths Among Children by Race/Ethnicity Compared to Population, Arizona 2006



PARENT EDUCATION

The Bureau of Women's and Children's Health recently awarded four agencies contracts to provide parent education. The goal of the programs is To develop and implement programs for parents/caregivers/ foster parents of school aged children ages 6-18 with an emphasis on providing education which includes the following topic areas: 1) development and practical application of parent/child communication skills, 2) risk and protective factors, 3) the consequences of unhealthy risk behaviors, 4) the benefits of healthy behaviors, 5) information on primary and secondary prevention of teen pregnancy and sexually transmitted diseases, 6) growth and development of children and adolescents; and 7) the exploration and discussion of parental views regarding sex, love and healthy relationships with others. The ultimate goal is to reduce teen pregnancy.

Our Town Family Services will provide a 9 hour course using Systematic Training for Effective Parenting (STEP) in Pima County, with outreach via workplace, community center and churches. Parents of middle school children in Marana, Flowing Wells and Amphi School districts are primary targets.

Pima Prevention Partnership will provide a 12 hour parent class targeted at parents of middle school. They will use Parent-Child Communication Basics and the Can We Talk curriculum. They hope to reach 200 parents/caregivers of children 9-14 years in Maricopa and Pima Counties.

Catholic Family Charities will provide 4 hours contact time using Can We Talk and FACTS curriculum targeting parents, grandparents and caregivers in collaborating elemen-

tary, junior high, and senior high schools, churches/faith groups in Maricopa County.

Parenting Arizona will provide Project Parent Power targeting Latino families in South Phoenix, Somerton and San Luis using Can We Talk and Parent-Child Communications target 150 parents and 200 adolescents.



New Employees Since Our Last Edition



Syed Hussaini
Research and Statistics Section Manager



Doug Ritenour
Epidemiology Specialist II



Valerie Odeh
Follow-up Specialist
Newborn Screening Program



Tyler McRae
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